

10/701,879

## CLAIMS AS FILED - PART I

|                                  |               | (Column 1)   | (Column 2)                              |
|----------------------------------|---------------|--------------|---|
| TOTAL CLAIMS                     |               | 29           |   |
| FOR                              | NUMBER FILED  | NUMBER EXTRA |   |
| TOTAL CHARGEABLE CLAIMS          | 39 minus 20 = | 19           |   |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1            |   |
| MULTIPLE DEPENDENT CLAIM PRESENT |               |              | ( <input checked="" type="checkbox"/> ) |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

| AMENDMENT A                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  |                       | (Column 3)                              |
|--|-------------|---|-------|---|-----------------------|---|
|  |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRES-<br>ENT<br>EXTRA |   |
|  | Total       | 29  | Minus | 20  | =                     | ( <input checked="" type="checkbox"/> ) |
|  | Independent | 4   | Minus | 3   | =                     | ( <input checked="" type="checkbox"/> ) |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                       |   |

5-9-04

| AMENDMENT B                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  |                       | (Column 3)                              |
|--|-------------|---|-------|---|-----------------------|---|
|  |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRES-<br>ENT<br>EXTRA |   |
|  | Total       | 20  | Minus | 39  | =                     | ( <input checked="" type="checkbox"/> ) |
|  | Independent | 3   | Minus | 4   | =                     | ( <input checked="" type="checkbox"/> ) |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                       |   |

| AMENDMENT C                                    |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 2)                                  |                       | (Column 3)                              |
|--|-------------|---|-------|---|-----------------------|---|
|  |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRES-<br>ENT<br>EXTRA |   |
|  | Total       |   | Minus | 20  | =                     | ( <input checked="" type="checkbox"/> ) |
|  | Independent |   | Minus | 3   | =                     | ( <input checked="" type="checkbox"/> ) |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |   |       |   |                       |   |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.